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B 22C (Official Form 22C) (Chapter 13) (04/13)

In re	Billy Joe Dickerson Shirley Elaine Dickerson	According to the calculations required by this statement:
		■ The applicable commitment period is 3 years.
C N	Debtor(s)	☐ The applicable commitment period is 5 years.
Case N	Jumber:	☐ Disposable income is determined under § 1325(b)(3).
	(If known)	■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part	I. REPORT OF I	NCOME							
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.  b. ■ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.									
	All figures must reflect average monthly income rece calendar months prior to filing the bankruptcy case, e the filing. If the amount of monthly income varied d six-month total by six, and enter the result on the app		Column A  Debtor's Income	(	Column B Spouse's Income					
2	Gross wages, salary, tips, bonuses, overtime, com	missions.		\$	825.00	\$	0.00			
3	Income from the operation of a business, profession and enter the difference in the appropriate column(s) business, profession or farm, enter aggregate number not enter a number less than zero. Do not include an on Line b as a deduction in Part IV.	7								
	a. Gross receipts \$	Debtor 0.0	Spouse <b>0.00</b>	-						
	a. Gross receipts \$ b. Ordinary and necessary business expenses \$			1						
		Subtract Line b from		\$	0.00	\$	0.00			
4	b. Ordinary and necessary operating expenses	number less than ze as a deduction in F Debtor  \$ 0.0 \$ 0.0	ro. Do not include any Part IV.  Spouse 0 \$ 0.00 0 \$ 0.00	}						
	c. Rent and other real property income	Subtract Line b fro	m Line a	\$	0.00	\$	0.00			
5	Interest, dividends, and royalties.			\$	0.00	\$	0.00			
6	Pension and retirement income.			\$	0.00	\$	0.00			
7	Any amounts paid by another person or entity, on expenses of the debtor or the debtor's dependents, purpose. Do not include alimony or separate mainte debtor's spouse. Each regular payment should be repelisted in Column A, do not report that payment in Co	\$	0.00	\$	0.00					
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			1						
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00				0.00	\$	0.00			

	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or						
9	<b>separate maintenance. Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	Debtor Spouse						
	a.	0.00	\$ 0.00				
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9	0.00	Φ 0.00				
10	in Column B. Enter the total(s).	825.00	\$ 0.00				
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		825.00				
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIO	)D					
12	Enter the amount from Line 11	\$	825.00				
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend a calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular bathe household expenses of you or your dependents and specify, in the lines below, the basis for excluding income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debt debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjust on a separate page. If the conditions for entering this adjustment do not apply, enter zero.	spouse, sis for this or or the					
	b. \$						
	[c.   \$	_					
	Total and enter on Line 13	\$	0.00				
14	Subtract Line 13 from Line 12 and enter the result.	\$	825.00				
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the numbe enter the result.	er 12 and \$	9,900.00				
16	<b>Applicable median family income.</b> Enter the median family income for applicable state and household si (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy co						
	a. Enter debtor's state of residence: TN b. Enter debtor's household size: 2	\$	48,617.00				
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.						
17	<ul> <li>■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable compute top of page 1 of this statement and continue with this statement.</li> <li>□ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable of the continue of the co</li></ul>	-					
	at the top of page 1 of this statement and continue with this statement.		1				
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INC	COME					
18	Enter the amount from Line 11.	\$	825.00				
19	a.						
	b.						
	Total and enter on Line 19.	\$	0.00				
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	825.00				

22	Applic	cable median family incon		Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						
23		Applicable median family income. Enter the amount from Line 16.						\$	48,617.00	
	<ul> <li>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</li> <li>□ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is dete 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</li> <li>■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is</li> </ul>									
		e amount on Line 21 is not 25(b)(3)" at the top of page								
		Part IV. Ca	ALCULATION (	OF L	DEDU	CTIONS FR	OM INCOME			
	_	Subpart A: Do	eductions under Star	ndaro	ds of t	ne Internal Reve	enue Service (IRS)	•		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.							\$		
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.									
	Perso	ns under 65 years of age		Persons 65 years of age or older						
	a1.	Allowance per person		a2.	Allow	ance per person				
	b1.	Number of persons		b2.	Numb	er of persons				
	c1.	Subtotal		c2.	Subto	tal		\$		
25A	Utilitie availab	Standards: housing and uses Standards; non-mortgage ole at www.usdoj.gov/ust/omber that would currently build ditional dependents whom	expenses for the application from the clerk of the be allowed as exemption	able c ankru	county a aptcy co	and family size. (Tourt). The applicable	his information is e family size consists of	\$		
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.  [a. IRS Housing and Utilities Standards; mortgage/rent expense]									
		b. Average Monthly Payment for any debts secured			ır	\$				
							om Line a.	\$		
26	Home, if any, as stated in Line 47									

27A	Local Standards: transportation; vehicle operation/public transportation and expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expension as a contribution to your household expenses in Line 7.					
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	\$				
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the					
	and enter the result in Line 28. Do not enter an amount less than ze					
	a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 1  Local Standards: transportation ownership/lease expense; Vehicle	Subtract Line b from Line a.	\$			
29	the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a "www.usdoj.gov="" <="" a="" href="www.usdoj.gov/ust/" ust="" www.usdoj.gov=""> or from the clerk of the bankruptcy Average Monthly Payments for any debts secured by Vehicle 2, as stand enter the result in Line 29. <b>Do not enter an amount less than zeta</b></a>					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as in	come taxes, self employment taxes, social				
	security taxes, and Medicare taxes. Do not include real estate or sal		\$			
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$			
32	Other Necessary Expenses: life insurance. Enter total average mor life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$			
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$			
34	Other Necessary Expenses: education for employment or for a ph Enter the total average monthly amount that you actually expend for and for education that is required for a physically or mentally challen education providing similar services is available.	education that is a condition of employment	\$			
35	Other Necessary Expenses: childcare. Enter the total average month childcare, such as haby sitting, day are pursony and preschool. Do		6			

			1			
36	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of insurance or paid by a health savings account, and that i include payments for health insurance or health savings.	\$				
37	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than pagers, call waiting, caller id, special long distance, or in welfare or that of your dependents. Do not include any	\$				
38	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 24 through 37.	\$			
	<del>-</del>	onal Living Expense Deductions penses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health S the categories set out in lines a-c below that are reasonal dependents.	Savings Account Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your				
39	a. Health Insurance	\$				
	b. Disability Insurance	\$				
	c. Health Savings Account	\$				
	Total and enter on Line 39		\$			
	If you do not actually expend this total amount, state space below:  \$	your actual total average monthly expenditures in the				
	·	family members. Enter the total average actual monthly				
40	expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses. <b>Do not include payments listed in Line 34.</b>	\$				
41	<b>Protection against family violence.</b> Enter the total aver actually incur to maintain the safety of your family under other applicable federal law. The nature of these expenses	\$				
42	Standards for Housing and Utilities that you actually exp	mount, in excess of the allowance specified by IRS Local pend for home energy costs. You must provide your case and you must demonstrate that the additional amount	\$			
43	Education expenses for dependent children under 18 actually incur, not to exceed \$156.25 per child, for atten school by your dependent children less than 18 years of documentation of your actual expenses, and you must necessary and not already accounted for in the IRS S	\$				
44	Additional food and clothing expense. Enter the total a expenses exceed the combined allowances for food and Standards, not to exceed 5% of those combined allowan or from the clerk of the bankruptcy court.) You must d reasonable and necessary.	\$				
45	<b>Charitable contributions.</b> Enter the amount reasonably contributions in the form of cash or financial instrument 170(c)(1)-(2). <b>Do not include any amount in excess of</b>	s to a charitable organization as defined in 26 U.S.C. §	\$			
46	Total Additional Expense Deductions under § 707(b)	• Enter the total of Lines 39 through 45.	\$			
	The state of the s					

B 22C (Official Form 22C) (Chapter 13) (04/13)

			Subpart C: Deductions for De	bt ]	Payment		
47	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance	
	a.			\$ T	otal: Add Lines	□yes □no	\$
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in						
	a.	Name of Creditor	Property Securing the Debt		1/60th of t	he Cure Amount	
						Total: Add Lines	\$
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.  Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.					\$	
50	a. b.	Current multiplier for you issued by the Executive information is available the bankruptcy court.)	hly Chapter 13 plan payment.  our district as determined under schedules Office for United States Trustees. (This at www.usdoj.gov/ust/ or from the clerk of histrative expense of chapter 13 case	X	otal: Multiply Li	nes a and h	\$
51	-		ment. Enter the total of Lines 47 through		star. Marapij En	nes a ana s	\$
31	Tota	Deductions for Debt 1 ay	-		т		φ
50	TD 4	1 6 11 1 4 6 4	Subpart D: Total Deductions f		n Income		¢
52	Tota		<b>come.</b> Enter the total of Lines 38, 46, and				\$
		Part V. DETER	RMINATION OF DISPOSABLE	INC	COME UNDE	ER § 1325(b)(2)	1
53	<b>Total current monthly income.</b> Enter the amount from Line 20.						\$
54	<b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.						\$
55	wage		ns. Enter the monthly total of (a) all amour fied retirement plans, as specified in § 541(pecified in § 362(b)(19).				\$
56	Tota	l of all deductions allowed	under § 707(b)(2). Enter the amount from	n Lir	ne 52.		\$
							•

57	Deduction for special circumstances. If there are spe which there is no reasonable alternative, describe the spelow. If necessary, list additional entries on a separate You must provide your case trustee with documental explanation of the special circumstances that make special circumstances.		
	Nature of special circumstances	Amount of Expense	
	a.	\$	
	b.	\$	
	c.	\$	
		Total: Add Lines	\$
58	Total adjustments to determine disposable income. result.	Add the amounts on Lines 54, 55, 56, and 57 and enter the	ne \$
59	Monthly Disposable Income Under § 1325(b)(2). Su	btract Line 58 from Line 53 and enter the result.	\$
	Part VI. ADDIT	TIONAL EXPENSE CLAIMS	
	Other Expenses. List and describe any monthly expensed for you and your family and that you contend should be 707(b)(2)(A)(ii)(I). If necessary, list additional sources	ne under §	
	each item. Total the expenses.		
60	Expense Description	Monthly Amou	
60	Expense Description a.	Monthly Amou	
60	Expense Description a. b.	Monthly Amou	
60	Expense Description a. b. c.	Monthly Amou \$ \$ \$	
60	Expense Description a. b. c. d.	Monthly Amou	
60	Expense Description a. b. c. d. Total: A	Monthly Amou \$ \$ \$ \$ \$ \$	

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In re	Billy Joe Dickerson Shirley Elaine Dickerson		Case No.	
		Debtor(s)		

## STATEMENT OF CURRENT MONTHLY INCOME AND MEANS TEST CALCULATION Attachment A

Debtor retired from his job during the month of June 2013. Up until that point, he was making about \$1,650 monthly. He is now receiving Social Security (which has not been figured into this Means Test) and expects to begin receiving Retirement from his prior job in September 2013.